2:00

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 142239 PIN# 4635071289 Dan DATE 5-12-07

OWNER OR APPLICANT Arcadia Homes PHONE: Business 889-4663 Home 201-7181

ADDRESS P.O. Box 471941 Charlotte NC 28247

LOCATION Brawley School Rd TL Quaker On left

SUBDIVISION The Point BLOCK / SECTION I-C LOT 31 LOT AREA 42,000 Ft2 SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000+ Gallons; STB 338 Date 2-5-08
Pump Tank: 1000 Gallons; PT 283 Date 2-19-08
Pump Make: Goulds Model WE=0312M Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@160' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pumped-Pm 25% Reduction
Repair System Description: Same/PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: 11/13/07 Okay to move initial Drainfield Closer to house (in repair area). Scale 1:50

INITIAL SITE SKETCH



Comments/Conditions: Remove old burms & terraces
Must keep pool 15ft from Septic System.
4/24/08 Checked tanks & lines

AS BUILT SKETCH

*Noted: Drainfield Closer to house than Shown on permit.
Pressure checked,
Electrical checked
Manifold checked
System installed as shown.
AT 7/10/08

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 5/10/07 Installed by: [signature]

Improvement Permit by: [signature] RS date 5/10/07 Operation Permit by: [signature] date 7/10/08

Authorization to Construct by: [signature] RS date 5/10/07 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK